

<b>DECLARATION FOR PATENT APPLICATION</b> (Includes Reference to PCT International Applications)	ATTORNEY'S DOCKET NUMBER 255352001900
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As a below named inventor I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**BACTERIOPHAGE-CONTAINING THERAPEUTIC AGENTS**

the specification of which (check only one item below):

- ☐ is attached hereto.
- ☐ was filed as United States application  
Serial No.  
on ,  
and was amended on \* (if applicable).
- ☒ was filed as PCT international application  
Number PCT/GB2004/003237  
on July 23, 2004,  
and was amended under PCT Article 19  
on \_\_\_\_\_ (if applicable).

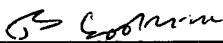
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37 Code of Federal Regulations § 1.56(a) and (b).

I hereby claim foreign priority benefits under Title 35 United States Code § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

**PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119:**

COUNTRY (if PCT indicate "PCT")	APPLICATION NUMBER	DATE OF FILING	PRIORITY CLAIMED UNDER 35 U.S.C. § 119
GB	0317240.0	July 23, 2003	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
GB	0410855.1	May 14, 2004	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>Declaration for Patent Application (Continued)</b> (Includes Reference to PCT International Applications)				ATTORNEY'S DOCKET NUMBER 255352001900	
I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:					
<b>PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. § 120:</b>					
U.S. APPLICATIONS				STATUS (Check one)	
U S APPLICATION NUMBER		U S FILING DATE		PATENTED	PENDING
					ABANDONED
PCT APPLICATIONS DESIGNATING THE U.S.				STATUS (Check one)	
PCT APPLICATION NUMBER	PCT FILING DATE	U S SERIAL NUMBERS ASSIGNED (if any)	PATENTED	PENDING	ABANDONED
<b>POWER OF ATTORNEY:</b> As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number) <p style="text-align: center;"><b><u>Attorneys at Morrison &amp; Foerster associated with CUSTOMER NO. 25225</u></b></p>					
<b>Send correspondence to:</b> James J. Mullen III, Ph.D. Morrison & Foerster LLP 12531 High Bluff Drive, Suite 100 San Diego, CA 92130				<b>Direct telephone calls to:</b> James J. Mullen III, Ph.D. at (858) 720-7940	
201	FULL NAME OF INVENTOR	FAMILY NAME SOOTHILL	FIRST GIVEN NAME James	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY London	STATE OR FOREIGN COUNTRY Great Britain	COUNTRY OF CITIZENSHIP Great Britain	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Department of Medical Microbiology CB Labs Level 4 Great Ormond Street Hospital Great Ormond Street	CITY London	STATE & ZIP CODE/COUNTRY WC1N 3JH / Great Britain	
202	FULL NAME OF INVENTOR	FAMILY NAME HAWKINS	FIRST GIVEN NAME Catherine	SECOND GIVEN NAME	
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	RESIDENCE & CITIZENSHIP	CITY Southampton, Hampshire	STATE OR FOREIGN COUNTRY Great Britain	COUNTRY OF CITIZENSHIP Great Britain	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Biocontrol Limited Latimer House 5 Cumberland Place	CITY Southampton, Hampshire	STATE & ZIP CODE/COUNTRY SO15 2BH / Great Britain	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.					
SIGNATURE OF INVENTOR 201 		SIGNATURE OF INVENTOR 202		SIGNATURE OF INVENTOR 203	
James SOOTHILL		Catherine HAWKINS		David HARPER	
DATE 16/6/6		DATE		DATE	

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James SOOTHILL		Catherine HAWKINS		David HARPER	
DATE		DATE		DATE	
		12/06/06			

\* BIOCONTROL LIMITED  
LATIMER HOUSE  
5 CUMBERLAND PLACE

SOUTHAMPTON,  
HAMPSHIRE

SO15 2BH /  
GREAT BRITAIN

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James SOOTHILL		Catherine HAWKINS		David HARPER	
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				10/JUN/08	